								Application or Docket Number					
PATENT APPLICATION FEE DETERMINATION RECO								RD "					
Effective October 1, 2000								09696366					
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN SMALL ENTITY		
TOTAL CLAIMS			24				1	RATE	FEE	1	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			→ minus 20=		. 0			X\$ 9=		OR	X\$18=		
INDEPENDENT CLAIMS			2 minus 3 =		0			X40=		OR	X80=		
MU	LTIPLE DEPEN	RESENT	ENT				+135=		OR	+270=			
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL	355.00] [TOTAL		
CLAIMS AS AMENDED - PART II									303.00		OTHER	THAN	
	(Column 1) (Column 2) (Column 3)							SMALL	ENTITY	OR	SMALL	ENTITY	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI PAID	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 7	Minus	ى	0	=		X\$ 9=	/	OR	X\$18=		
	Independent	. 2	Minus	***	<u>3 </u>	<u> </u>		X40=		OR	X80=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135=	//		+270=		
Ľ									- /	OR	TOTAL		
								TOTAL ADDIT. FEE	Щ_	OR	ADDIT. FEE		
_	(Column 1) (CQ (Column 2) (Column 3) CLAIMS HIGHEST						1 6		ADDI	1		4001	
AMENOMENT B		REMAINING AFTER AMENDMENT		NUM PREVI PAID		PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 17	Minus	<i>6</i>	20	= /		X\$ 9=		OR	X\$18=		
	Independent	. 4	Minus	***	<u>'S</u>	= /		X40≦*	He w	OR	X80=		
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT C				CLAIM		!	+135=		OR	+270=		
PESÍ AVAILABLE COPY TOTAL S/ (7)										اما	TOTAL		
•								ADDIT. FEE Part ADDIT. FEE					
	CLAIMS HIG			HEST				ADDI-		-	ADOL		
AMENDMENT C		REMAINING AFTER AMENDMENT		NUM PREVI PAID	OUSLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	•	Minus	***		=	t	X40=		OR	X80=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT (J þ					.,.	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+270≃ TOTAL		
" If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ADDIT. FEE										OR	TOTAL Addit. Fee		
		iber Previously Pai					er four	nd in the app	propriate box	in col	umn 1.		

FORM PTO-875 (Rev. 8/00)

Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE